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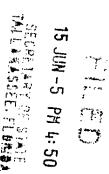
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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JUN 1 0 2015 S. GILBERT



COVER LETTER

•	,,	th
TO: Registration Section	*	Fil E.
Division of Corporations	1	FILED 5 JUN-5 PM 4:50
\circ		. برم 5- ۱ ^۱ ۱۷۸
SUBJECT: CELEBRATION	UPHOLSTERY L.L. C. SE	<u> </u>
Nan	Upholstery L. L. C. 55 ne of Limited Liability Company	LAME STATE
		FLOWER
The enclosed Articles of Organization and	fee(s) are submitted for filing.	
Please return all correspondence concernin	g this matter to the following:	
_		
PAUL WHITE		
	Name of Person	
CELEBRATION	UPHOLSTIPRY L.L.C.	
	UPHOLSTERY L.L. C Firm/Company	
103	MRK CRESCIENT	
	Address	
	_	
KISSIMMEE	FL 34747	·
	City/State and Zip Code	
Day Ville		
F-mail address: (to	be used for future annual report notificat	ion)
E man addiess. (to	be used for future annual report notificat	ion)
For further information concerning this matte	er, please call:	
_		
PAUL WHITE	at (407) 361 03	502
Name of Person	Area Code Daytime Telephon	e Number
Enclosed is a check for the following amou	nt:	

\$125.00 Filing Fee \$130.00 Filing F Certificate of St		\$160.00 Filing Fee, Certificate of Status &
Continents of Si	(additional copy is enclosed)	Certified Copy
	(,	(additional copy is enclosed)
Mailing Address	Street Address	
Registration Section	Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Comp	any is:			FILED
(Must end with the	Words "Limited Li	HOLSTER) ability Company	, "L.L.C.," or "LLC/	15 JUN-5 PM 4:51 SECRETARY OF STATE MILLANASSEE, FLORIDA
ARTICLE II - Address: The mailing address and street address o	f the principal offic	e of the Limited	Liability Company is	s:
Principal Offic	e Address:		Mailing A	Address:
103 EASTPARK KISSIMMEE 34747	Crescen.	<u> </u>	/03 EASTPA KISS /MMEE 474)	NC CLESCENT
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot another business entity with an active Fl	serve as its own Re	gistered Agent.		n individual or
The name and the Florida street address	of the registered ag	ent are:		
P.	U WHITE			
- - 	N	ame	, , , , , , , , , , , , , , , , , , ,	_
_/(13 EASTA		GSCENT	_
	da street address (F	O. Box NOT a	cceptable)	
_ <i>K</i>	ISSIMME G	FL	34747	_
	City	State	Zip	
Having been named as registered agent and blace designated in this certificate, I hereby further agree to comply with the provisions am familiar with and accept the obligation in the contraction of the c	v accept the appoint of all statutes relat s of my position as r	tment as registering to the proper registered agent of	ed agent and agree to and complete perfort	act in this capacity. I nance of my duties, and I

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager AMBL	PAIL WHITE
AVIBA	103 EASTPARK CRESCENT
	KISSIMMEE FL 34747
AMBR	MARY HANNA WHITE
	103 EASTPARK CLOSCENT
	KISSIMMEE FL 34747
MGR	AD AM WHITE
	103 BYST PARK CKESCENT
	KISSIMMER FL 34747
	- Ward - Barriella - Constant - C

(Use attachment if necessary)	
EV: Effective date, if other than t ctive date is listed, the date mus f filing.)	ne date of filing: /37 JUNE 2015. (OPTIONAL) be specific and cannot be more than five business days prior to or 90 d s not meet the applicable statutory filing requirements, this date will not b
EV: Effective date, if other than to ctive date is listed, the date mus filing.) the date inserted in this block does nent's effective date on the Department's	be specific and cannot be more than five business days prior to or 90 d s not meet the applicable statutory filing requirements, this date will not b
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E V: Effective date, if other than to ctive date is listed, the date must filing.) the date inserted in this block does nent's effective date on the Department's effective date on the Departm	Is not meet the applicable statutory filing requirements, this date will not be timent of State's records. If a member or an authorized representative of a member, this section 605.0203 (1) (b), Florida Statutes, the execution of this document mation under the penalties of perjury that the facts stated herein are true, by false information submitted in a document to the Department of State
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ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)